

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL N.

FILING DATE

00-176-3914

**CLAIMS**

X	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12	1		1			
13			/			
14			/			
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48						
49						
50						
<b>TOTAL IND.</b>	2		2			
<b>TOTAL DEP.</b>	33	2	34	1		
<b>TOTAL CLAIMS</b>	35	2	36	1		

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

1 MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE